

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>CHOCKLETT PRESS</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
Mailing Address 2922 NICHOLAS AVE			Amount <span style="border: 1px solid black; padding: 2px;">3162.49</span>		
City ROANOKE		State VA	Zip Code 24012		Transaction ID : SE24.92815
Purpose of Expenditure DIRECT MAIL - PRINTING		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Name of Federal Candidate TRUMP, DONALD, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">648073.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		
Full Name of Payee <b>CHOCKLETT PRESS</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
Mailing Address 2922 NICHOLAS AVE			Amount <span style="border: 1px solid black; padding: 2px;">3162.48</span>		
City ROANOKE		State VA	Zip Code 24012		Transaction ID : SE24.92816
Purpose of Expenditure DIRECT MAIL - PRINTING		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Name of Federal Candidate CLINTON, HILLARY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">648073.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ►			<span style="border: 1px solid black; padding: 2px;">6324.97</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ►			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ►			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Frank, Robert, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>SAVANNA COMMUNICATIONS, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 03 / 2016</b>	
Mailing Address <b>755 SONNE DRIVE</b>		Amount <b>6562.50</b>	
City <b>ANNAPOLIS</b>	State <b>MD</b>	Zip Code <b>21041</b>	Transaction ID : <b>SE24.92813</b>
Purpose of Expenditure <b>ONLINE ADVERTISEMENTS</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 03 / 2016</b>
Name of Federal Candidate <b>TRUMP, DONALD, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>648073.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>SAVANNA COMMUNICATIONS, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 03 / 2016</b>	
Mailing Address <b>755 SONNE DRIVE</b>		Amount <b>6562.50</b>	
City <b>ANNAPOLIS</b>	State <b>MD</b>	Zip Code <b>21041</b>	Transaction ID : <b>SE24.92814</b>
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 03 / 2016</b>
Name of Federal Candidate <b>CLINTON, HILLARY, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>648073.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>13125.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank, Robert, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 05 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>THE PINKSTONE GROUP</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 03 / 2016</b>	
Mailing Address <b>PO BOX 373</b>		Amount <b>500.00</b>	
City <b>FAIRFAX STATION</b>	State <b>VA</b>	Zip Code <b>22039-0373</b>	Transaction ID : <b>SE24.92811</b>
Purpose of Expenditure <b>PUBLIC RELATIONS</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 03 / 2016</b>	
Name of Federal Candidate <b>TRUMP, DONALD, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>648073.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>THE PINKSTONE GROUP</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 03 / 2016</b>	
Mailing Address <b>PO BOX 373</b>		Amount <b>500.00</b>	
City <b>FAIRFAX STATION</b>	State <b>VA</b>	Zip Code <b>22039-0373</b>	Transaction ID : <b>SE24.92812</b>
Purpose of Expenditure <b>PUBLIC RELATIONS</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 03 / 2016</b>	
Name of Federal Candidate <b>CLINTON, HILLARY, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>648073.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>20449.97</b>

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Frank, Robert, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 05 / 2016**

Signature